(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) A sum of Rs. 1029.02 crore during 1992-93 and Rs. 3071.66 crore during 2000-01 has been spent on Family Welfare Programme.

(b) and (c) As per National Family Health Surveys, the percentage of couples covered by various contraceptive methods has increased from 40.6% during 1992-93 to 48.2% during 1998-99.

Eradication of Malaria from Rajasthan

818. SHRI SANTOSH BAGRODIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have provided drugs, insecticides, larvicides equipments etc. to Rajasthan under National Anti Malaria Programme (NAMP) during the last five years;

(b) if so, the details thereof;

(c) how far malaria was controlled in that State during the said period; and

(d) the other steps under NAMP being taken to eradicate malaria in the State?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Yes, Sir. Details of material supplied to the State of Rajasthan during the last five years under 'National Anti Malaria Programme' (NAMP) are given in the Statement.

(c) The State has recorded a decline in the number of malaria cases during last five years.

(d) Steps taken for prevention and control of Malaria in the State are as under:—

1. Early Detection and Prompt Treatment (EDPT) of cases have been intensified by gearing up surveillance.
2. Facilities for detection and treatment of cases have been extended to the village level by involving community

volunteers as Drug Distribution Centers (DDCs) and Malaria Link Volunteers (MLVs) in high-risk areas.

3. Identification of referral centre for the management of severe and complicated malaria.

4. Providing alternative anti-malarials in Choloroquine resistant areas.

5. Intensification of Vector Control measures by prioritization of areas for selective spray with appropriate insecticides and alternative vector control methods.

6. Information Education and Communication (IEC) activities have been intensified.

7. 10 (Ten) hard-core malaria and predominantly tribal districts of Rajasthan have been included under Enhanced Malaria Control Project (EMCP) with World Bank support for additional inputs for intensification of anti malaria activities since September, 1997.

8. Strengthening of Capacity Building and Management Information System and Capabilities for Epidemic preparedness and rapid response.

9. Promotion of personal protection measures for prevention of man-vector contact.

Statement

Break up of Materials (Item-wise) supplied to Rajasthan from 1996-97 to 2000-01 under National Anti Malaria Programme(NAMP) including Enhanced Malaria Control Project(EMCP)

ITEM	1996-97	1997-98	1998-99	1999-2000	2000-01
Tab. Chloroquine (In lakhs)	370.20	250.00	305.00	100.00	515.00
Tab. Primaquine (2.5 mg) (In lakhs)	41.96	11.52	7.00	10.25	—
Tab. Primaquine (7.5 mg) (In lakhs)	31.86	18.72	10.91	15.25	—

ITEM	1996-97	1997-98	1998-99	1999-2000	2000-01
DDT (In MT)	1865.9	1500	1750	900	400
Malathion 25%	—	—	200	592	—
Vehicle	—	5 Nos.	—	11 Nos.	—
Synthetic Pyrethroids (Liquid)	—	1 KL	—	—	—
Bio-larvicides	—	—	1.50 MT	—	4MT
Cash Grant to District Malaria Control Societies	—	—	Rs.100 lakhs	Rs.40.00 lakhs	Rs. 85 lakhs
Medicated Mosquito Bednets	—	—	—	10,000 Nos.	—
Stir up pumps	—	—	—	—	1200 Nos.
Microscopes	—	—	—	—	251 Nos.
Rapid Diagnostic Kits	—	—	—	—	8025 Nos.
Artimisinine Inj.	—	—	—	—	1140

Setting up of special Anti-smoking Clinics

819. SHRI A. VIJAYA RAGHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether World Health Organisation proposes to set up special centres at ten places across the country in collaboration with his Ministry to help the smokers to quit their habit;

(b) if so, the details about these special clinics;

(c) where these clinics would be set up; and

(d) the estimated expenditure involved?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) Yes, Sir. Tobacco cessation clinics on a Pilot basis will be set up in various hospitals which will offer both counselling and pharmacotherapy to help smokers to quit their habit. These clinics are being set up at the following locations:

* Institute of Human Behaviour & Allied Sciences, Delhi.
* Tata Memorial Hospital, Mumbai.